



IRISH WATER SAFETY
CUMANN SÁBHÁILTEACHT UISCE

WATER SAFETY EXAMINATION RETURN

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Course held at: _____ Exam Venue _____ Town _____ County _____ Date _____

I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018.

Name (Block Capitals)	I.D.	Address	Town	email	M/F	D.O.B.	Swim					
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Examiner: _____
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Instructor: _____
BLOCK CAPITALS SIGNATURE

Return completed form to your certificate secretary

Class Secretary:
Name: _____
Address: _____
Phone: _____
email: _____